

Combined Declaration For Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

William H. Lonsden	22 132	Barbara E. Johnson	31 198	Lester N. Fortney	2
--------------------	--------	--------------------	--------	-------------------	---

William H. Logsdon	22,132
Russell D. Orkin	25,363
David C. Hanson	23,024
Frederick B. Ziesenheim	19,438
Richard L. Byrne	28,498
Kent E. Baldauf	25,826

Barbara E. Johnson	31,198
Paul M. Reznick	33,059
John W. McIlvaine	34,219
Michael I. Shamos	36,424
Blynn L. Shideler	35,034
Julie W. Meder	36,216

Lester N. Fortney	38,141
Randall A. Notzen	<u>36,882</u>
Jewsse A. Hirshman	<u>40,016</u>
James G. Porcelli	<u>33,757</u>
Kent E. Baldauf, Jr.	<u>36,082</u>

Send Correspondence to:

Russell D. Orkin, 700 Koppers Building, 436 Seventh Avenue, Pittsburgh PA 15219-1818

Direct Telephone calls to:

Russell D. Orkin (412) 471-8815

201	FULL NAME OF INVENTOR	FAMILY NAME KAWASHIMA	FIRST GIVEN NAME YOICHI	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Higashiyodogawa-ku, Osaka	STATE OR FOREIGN COUNTRY Japan JPX	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o SANTEN PHARMACEUTICAL CO., LTD. 9-19, Shimoshinjo 3-chome, Higashiyodogawa-ku, Osaka, Japan		
202	FULL NAME OF INVENTOR	FAMILY NAME KUSU	FIRST GIVEN NAME YUKIO	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Higashiyodogawa-ku, Osaka	STATE OR FOREIGN COUNTRY Japan JPX	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o SANTEN PHARMACEUTICAL CO., LTD. 9-19, Shimoshinjo 3-chome, Higashiyodogawa-ku, Osaka, Japan		
203	FULL NAME OF INVENTOR	FAMILY NAME YAMADA	FIRST GIVEN NAME HIROSHI	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Higashiyodogawa-ku, Osaka	STATE OR FOREIGN COUNTRY Japan JPX	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o SANTEN PHARMACEUTICAL CO., LTD. 9-19, Shimoshinjo 3-chome, Higashiyodogawa-ku, Osaka, Japan		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>Yoichi Kawashima</i>	SIGNATURE OF INVENTOR 202 <i>Yukio Kusu</i>	SIGNATURE OF INVENTOR 203 <i>Hiroshi Yamada</i>
DATE Yoichi KAWASHIMA May 20, 2002	DATE Yukio KUSU May 20, 2002	DATE Hiroshi YAMADA May 20, 2002

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EYE DROPS CONTAINER HAVING DENT PORTION

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. 10/049,694

on February 15, 2002

and was amended

on (if applicable).

☒ was filed as PCT international application

Number PCT/JP00/05458

on August 14, 2000

and was amended under PCT Article 19

on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Japan	Pat. 11-230652	17/August/1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO